



Digital Misinformation and Public Health Communication in Nigeria: Challenges, Trust and the Role of Social Media

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Abstract

The rapid expansion of social media has transformed public health communication in Nigeria by creating opportunities for rapid information dissemination, audience engagement and health promotion, while simultaneously facilitating the circulation of digital health misinformation. This study examined digital misinformation and public health communication in Nigeria, with particular attention to the challenges posed by misinformation, the role of trust and source credibility, and the capacity of social media to support effective health communication. The study adopted a qualitative library-based research design and reviewed relevant literature published primarily between 2022 and 2026. Literature was identified through searches of Google Scholar, Scopus, Web of Science, PubMed, ScienceDirect and African Journals Online. The selected literature (n=21) was subjected to qualitative thematic analysis across five themes: social media and public health communication; production and circulation of digital health misinformation; source credibility, trust and audience evaluation; digital and health literacy; and communication strategies for addressing misinformation. The review indicates that social media can strengthen public health communication through its reach, interactivity, peer influence and capacity for targeted messaging, but these affordances also facilitate the rapid circulation of misleading health information. The literature further indicates that trust, source credibility, digital and health literacy, and audience engagement shape how health information is evaluated and acted upon. The study concludes that addressing digital health misinformation requires integrated communication strategies combining proactive monitoring, credible messengers, community engagement, digital and health literacy, timely correction and culturally appropriate messaging.

Keywords: digital misinformation, health literacy, public health communication, public trust, social media

Introduction

The rapid expansion of digital communication technologies has significantly transformed the ways information is produced, disseminated, and consumed across modern societies. The emergence of social media platforms has further accelerated this transformation by enabling individuals, organisations, and institutions to create and circulate information to large and geographically dispersed audiences with unprecedented speed (Kite et al., 2023). Unlike traditional, top-down communication channels, digital platforms facilitate interactive and participatory communication in which audiences simultaneously act as consumers, producers, and distributors of information. This shift has become particularly consequential in the health sector, where digital platforms increasingly serve as primary channels for accessing medical knowledge, communicating public health interventions, and engaging communities (Afful-Dadzie, et al., 2023).

In modern time, the platforms like Facebook, WhatsApp, Instagram among many others offer considerable opportunities for strategic public health communication (Thapliyal, et al., 2024).



Government agencies, health institutions, healthcare professionals, non-governmental organisations, and civil society actors leverage platforms such as Facebook, X (formerly Twitter), Instagram, WhatsApp, TikTok, and YouTube to disseminate health information rapidly, bypassing the gatekeeping limitations of conventional broadcast and print media (Kite et al., 2023). These platforms support health education, disease prevention campaigns, emergency communication, behavioral-change interventions, and real-time community engagement. Their interactive features such as comment threads, live streaming, and direct messaging allow health communicators to gauge public sentiment, respond to emerging concerns, and tailor messages to specific demographics (Laranjo, et al. 2022). During public health emergencies, the speed and scale of social media are invaluable for broadcasting preventive measures, debunking rumors, and providing actionable guidelines (Elfattah, 2024).

Despite these affordances, the structural features that make social media effective for public health communication also facilitate the rapid circulation of unverified, inaccurate, or intentionally misleading information (Papanikou, et al., 2025; Dong, W., Wang, Y., & Li, 2025). Digital health misinformation refers broadly to false, inaccurate, or misleading health-related content circulated without regard for factual validity or scientific consensus (Alvarez-Galvez et al., 2025). Such content originates from diverse sources, including misinformed individuals, commercial actors promoting unproven therapies, alternative health practitioners, and ideologically driven groups and is amplified through platform architecture, such as algorithmic recommendation systems, engagement-driven ranking, and seamless sharing functions (Suarez-Lledo & Alvarez-Galvez, 2021). The problem is particularly dangerous in the health domain because individuals frequently rely on online information when making critical decisions regarding disease prevention, medical treatment, vaccination, and diet (Vraga & Bode, 2020).

The widespread circulation of misinformation poses a fundamental threat to public trust and institutional credibility. Effective public health communication relies heavily on the willingness of audiences to regard institutional sources as credible and to adhere to recommended health behaviors (Keller & Lehmann, 2008; Niederdeppe, et al., 2025). When misleading claims compete directly with official health messaging, audiences experience heightened cognitive load and difficulty in discerning trustworthy guidance (Zhang, & Gai, 2026). Social media environments exacerbate this challenge by collapsing context: institutional health authorities, accredited medical experts, commercial influencers, digital content creators, and anonymous accounts operate within the same flattened media ecosystem, often with few visible indicators of expertise or authority (Chou, et al. 2018). Repeated exposure to conflicting, sensationalized, or contradictory health claims fosters ambient uncertainty, induces decision fatigue, and erodes trust in formal healthcare systems and state institutions (Nagler, 2014). The central challenge, therefore, extends beyond the presence of false content to encompass the broader systemic difficulty of maintaining institutional credibility within a fragmented digital information ecosystem.

The above scenarios are particularly acute in Nigeria, where social media has become an essential infrastructure for daily communication and news consumption (Krestel Digital, 2025). Similarly, the Nigerian information environment presents distinct structural vulnerabilities, including disparities in access to health information, differences in risk and health literacy, and varying levels of trust in official sources (Nwafor et al., 2020; Wonodi et al., 2022). During health emergencies, these conditions can complicate public-health communication as official messages compete with misinformation, conspiracy theories, religious interpretations and alternative-



treatment claims. During the COVID-19 pandemic, for example, Nigerian participants reported exposure to numerous misinformation and conspiracy narratives, including claims that COVID-19 was fabricated for political purposes, with distrust of government and religious beliefs influencing acceptance of such claims (Wonodi et al., 2022). Similar communication challenges have been documented for Lassa fever, where studies in endemic Nigerian states identified gaps in risk communication, differences in information sources and continued reliance on family networks, traditional healers and home remedies (Ben-Enukora et al., 2023; Afolabi et al., 2025). These experiences demonstrate the difficulty of sustaining effective public-health communication in an information environment where institutional messages coexist with competing informal, cultural and alternative sources of health information. In this situation, misinformation interacts with pre-existing socio-political realities, compromising the ability of public health authorities to establish authoritative information flows.

Existing scholarship (Evans et al., 2024; Zeng et al., 2024; Prike et al., 2024; Lu et al., 2024) has examined different dimensions of the relationship between digital media, misinformation and health communication, revealing a dual character of social media as both a resource for public-health intervention and an environment in which misleading information can circulate. Specifically, Evans et al., (2024) demonstrates that social media can be used strategically for health promotion and behaviour-change communication, suggesting that exposure to a social-media campaign promoted COVID-19 vaccination. On the other hand, Zeng et al. (2024) revealed that the credibility of a misinformation source moderated the effectiveness of corrective messages on social media. This suggests that the problem is not simply the availability of inaccurate information but also the interaction between message characteristics, source credibility, audience judgement, and corrective communication. Similarly, Prike et al. (2024), found that providing source-credibility information improved truth discernment and reduced engagement with misinformation, while Lu et al. (2024), found that media-literacy interventions significantly improved the assessment of fake-news credibility.

The aforementioned studies therefore suggest that social media should not be understood solely as either a solution to or a source of health-information problems; rather, its public-health consequences depend on the interaction among communication interventions, information quality, source credibility and audience capacity to evaluate information. However, these dimensions are frequently examined through different research traditions and empirical approaches, creating a need for conceptual synthesis that brings them together within the context of public-health communication in Nigeria. The need for such synthesis is particularly relevant because Evans (Evans et al., 2023, 2024; Adeoye et al., 2023).

To address this gap, this paper provides a conceptual review that integrates these disparate literature streams into a unified analytical framework. Specifically, the study employs theoretical perspectives from Media Affordances Theory, Information Ecology, and Source Credibility Models to synthesize existing scholarship and clarify the structural mechanics of digital health communication in Nigeria. This is significance because it advances an integrated model for understanding digital health communication in Sub-Saharan Africa by bridging the gap between platform affordances, socio-cultural trust dynamics, and public health messaging and by extension the insights from the paper can offers actionable strategies for public health practitioners, risk communication experts, media organizations, and policymakers in Nigeria and similar Global South contexts.



Research Methodology

Research Design

The study adopted a qualitative library-based research design to critically examine scholarship on digital misinformation, social media and public health communication in Nigeria. The design was considered appropriate because the study sought to synthesise existing knowledge, identify recurring conceptual and empirical patterns, and examine the implications of digital misinformation for public health communication rather than collect primary data from human participants.

Literature Search Strategy

Relevant literature was identified through searches of Google Scholar, Scopus, Web of Science, PubMed, ScienceDirect, and African Journals Online (AJOL). The search covered primarily literature published between 2022 and 2026. The search employed combinations of keywords and Boolean operators, including “digital misinformation” AND “Nigeria”; “health misinformation” AND “social media” AND “Nigeria”; “social media” AND “public health communication” AND “Nigeria”; “health communication” AND “misinformation” AND “Nigeria”; “social media” AND “health literacy”; “source credibility” AND “health misinformation”; “vaccine misinformation” AND “Nigeria”; and “COVID-19 misinformation” AND “Nigeria.”

Inclusion and Exclusion Criteria

Documents were included where they addressed one or more of the study's central areas, namely digital or health misinformation, social media, public health communication, source credibility, trust, health or media literacy, health information evaluation, or public health interventions. Priority was given to peer-reviewed empirical studies conducted in Nigeria or studies with a specific focus on Nigeria. Relevant systematic and scoping reviews, theoretical studies and authoritative institutional publications were also considered where they provided important conceptual or contextual evidence. Documents were excluded where they were unrelated to the study objectives, duplicated other records, lacked sufficient methodological or bibliographic information, or consisted primarily of unsupported opinion or promotional content. A total of 109 records were initially identified through the literature search. Following the application of the inclusion and exclusion criteria and assessment of the relevance of the retrieved literature, 21 studies were selected for detailed thematic analysis.

Data Analysis and Thematic Procedure

The selected literature was analysed using a deductive–inductive thematic analysis. The initial thematic framework was developed deductively from the study's research focus, objective and conceptual concerns surrounding social media, digital misinformation, public health communication, trust and audience evaluation. The selected studies were then systematically reviewed and coded to identify recurring findings, relationships, similarities and differences within these broad areas. Through the inductive stage of the analysis, related codes and recurring patterns were grouped and refined into five themes: (1) social media and public health communication; (2) production and circulation of digital health misinformation; (3) source credibility, trust and audience evaluation; (4) digital and health literacy; and (5) communication strategies for addressing misinformation in Nigeria. The themes were subsequently compared across the reviewed studies to identify areas of convergence, divergence, gaps and implications for public health communication in Nigeria.



Thematic Analysis and Discussion

Theme 1. *Social media and public health communication*

One of the major themes in this study is that social media has become an important channel for public health communication. Some scholars demonstrate that platforms are particularly important and useful for disseminating preventive information, promoting vaccination, and engaging audiences. Specifically, Evans et al. (2023) found that exposure to a social media COVID-19 vaccination campaign was associated with increased vaccination rates, while Evans et al. (2024) similarly found that social media interventions increased pro-vaccination social norms and vaccination rates and reduced vaccine hesitancy. Corroborating these findings, Akerele and Olanrewaju (2026) found that peer-driven social media communication was positively associated with knowledge, perceived susceptibility, and cues to action regarding cervical cancer and HPV vaccination among female youth in Kwara State, although vaccine uptake remained low, indicating that increased awareness does not necessarily translate into behavioural adoption. These studies suggest that the effectiveness of social media in public health communication depends not merely on message exposure but also on social norms, trusted messengers, audience engagement, and the translation of information into health behaviour.

On the contrary, literature also reveals important limitations that complicate the assumption that social media automatically strengthens public health communication. Alhassan et al. (2025) found low exposure to its social media immunisation messages, moderate perceived effectiveness, weak user engagement and feedback, untimely updates, and concerns about information trustworthiness. Similarly, Oni et al. (2025) found among University of Abuja undergraduates that although social media was widely used for health information and generally perceived positively, 43.3% strongly agreed that misleading health content was common, highlighting the simultaneous value and vulnerability of social media as a health information environment. Corroborating this argument, Ade-Johnson (2025) reported that social media played an important role in disseminating preventive information and sensitising residents, but fake and unsubstantiated cholera information also challenged the communication process. Thus, the Nigerian literature presents social media not simply as an alternative channel for public health messaging but as a contested communication environment.

Theme 2. *Production and circulation of digital health misinformation*

The existing literature also indicates that digital health misinformation is produced and circulated through a combination of interpersonal, institutional and platform-mediated communication networks. Wonodi et al. (2022), through focus-group discussions and key-informant interviews across six Nigerian states, identified 33 misinformation and conspiracy narratives surrounding COVID-19, including claims about the existence of the disease, vaccines and government motives. Similarly, Uwalaka (2023), analysed more than 10,000 Nigerian Twitter posts and found that the platform functioned simultaneously as a channel for circulating COVID-19 misinformation and for challenging or correcting it. These studies therefore suggest that misinformation circulation is not simply a consequence of false content being available online; rather, its visibility is shaped by the interactive nature of digital platforms, networked communication and users' willingness to reproduce and recirculate information.

The literature further indicates that the circulation of misinformation is influenced by users' motivations, social relationships and capacity to evaluate information. Mi and Apuke, (2024) found that instant news sharing, self-expression, self-promotion and altruistic motives were



associated with the sharing of false information, while social-media knowledge moderated aspects of this relationship. This challenges the assumption that misinformation is circulated primarily because users lack the ability to distinguish truth from falsehood; rather, sharing can also be driven by social and communicative motivations. Similarly, Oyeyemi et al. (2023) found that social media was an important source of COVID-19 information, while conspiracy beliefs concerning vaccine microchips and DNA alteration were associated with lower trust in government information.

The implication of the above submission is that misinformation acquires social meaning within existing networks of trust, identity and belief, allowing claims to gain acceptance even when they conflict with official health information. However, Existing Nigerian literature remains stronger in documenting the circulation and reception of misinformation than in explaining its upstream production and origins. Studies have largely examined the identification of circulating rumours, users' exposure to and belief in misleading claims, and the motivations underlying their subsequent sharing (Uwalaka, 2023; Goldstein et al., 2024; Mi & Apuke, 2024; Umejei, 2024). For example, Uwalaka (2023) analysed more than 10,000 Nigerian Twitter posts to examine the circulation, reception and debunking of COVID-19 fake news, while Erim et al. (2025) identified health misinformation through community listening and social-media monitoring in Niger State. Although Ononiwu (2024) and Umejei (2024) provide useful evidence on the motivations of deliberate sharers and the influence of social, cultural, and identity-related factors.

Theme 3. Source credibility, trust and audience evaluation

The issue of source credibility has also emerged as a theme from the existing literature. Many studies demonstrate that source credibility and trust are important in shaping how audiences evaluate and respond to health information in digital environments. Studies (Shadrach et al. (2026; Dada et al. 2025) demonstrate that perceived trustworthiness of a medical influencer was a significant predictor of health-message adoption. Adewojo et al. (2025) further showed that Nigerian Gen Z audiences used social cues, including engagement indicators and recommendations from peers and influencers, when assessing online health information. These studies suggest that audiences do not evaluate digital health messages solely on the information presented; rather, perceptions of the communicator's credibility can influence whether messages are accepted and acted upon, implying that credibility in digital health communication is multidimensional, involving perceived expertise, trustworthiness, familiarity and socially derived cues.

The literature also indicates that audience trust extends beyond individual communicators to the wider information environment and public institutions. Uzuegbunam (2025) found that Nigerian young adults navigated pandemic health information through digital sources and social networks while encountering conflicting information and misinformation that contributed to uncertainty and mistrust in government and health authorities. Similarly, Onyechi (2023) demonstrated a relationship between perceived credibility of social-media sources and health-information-seeking behaviour among youths in South-West Nigeria. The implication of these studies is that audiences actively negotiate credibility rather than passively accepting information encountered online. However, an important limitation of the existing literature is that much of the Nigerian evidence focuses on particular audience groups, especially youths, students and followers of prominent health influencers, with less attention to how different demographic and social groups distinguish credible public-health information from misinformation across multiple platforms.



Theme 4. Digital and Health Literacy

Another theme that emerged in the literature is digital and health literacy, with many studies underscoring the importance of health literacy as a determinant of how audiences navigate misinformation within the social-media environment. For example, Eshiet (2025) found that digital literacy was positively associated with fact-checking behaviour among Nigerian social-media users, while fact-checking was related to information discernment and resistance to misinformation. This suggests that digital literacy has relevance beyond the technical ability to access social-media platforms; it can influence users' capacity to question, verify, and assess the credibility of health-related claims encountered online. However, the evidence also indicates that digital engagement does not automatically produce critical evaluation. Adewojo et al. (2025), for example, found that Nigerian Gen-Z participants frequently used social media and relied on peers and influencers for health information, while simultaneously encountering contradictory, misleading and unverified health claims. This demonstrates an important tension for public-health communication: audiences may be highly connected and digitally active but remain vulnerable to misinformation when they lack the evaluative competencies required to distinguish credible health information from persuasive but inaccurate content.

The relationship between literacy and misinformation is also shaped by the wider communication environment. Akingbade et al. (2023), demonstrated the importance of eHealth literacy in Nigerians' engagement with digital health information during the COVID-19 period. Although the study did not directly examine misinformation, it establishes the relevance of users' ability to locate, understand and use online health information during a public-health crisis. Similarly, Eshiet (2025) and Adewojo et al. (2025) suggest that literacy can strengthen audiences' capacity to navigate an information environment in which official health messages compete with misinformation, influencer content and peer-generated claims.

Theme 5. Communication strategies for addressing misinformation in Nigeria

The literature further indicates a gradual shift from reactive correction towards more proactive, participatory and context-sensitive approaches to health communication in the era of digital media. Talabi et al. (2022) demonstrated that social-media-based counselling can counter the effects of COVID-19 vaccine misinformation, suggesting that corrective communication can influence audience perceptions when delivered through the same digital environments in which misinformation circulates. Similarly, Uwalaka (2023) showed that social-media users can participate in corrective communication by educating others and debunking false claims, highlighting the potential of networked peer communication. Evans et al. (2024) further demonstrated that strategically designed social-media campaigns can influence vaccination-related perceptions and behaviour, indicating that effective misinformation response requires not only factual correction but also persuasive and socially resonant messaging. At the community level, Abah et al. (2025) emphasised the importance of culturally appropriate communication, community engagement and trusted local actors, while Erim et al. (2025) provided evidence for an integrated approach combining community listening, social-media monitoring, stakeholder capacity building and proactive engagement with misinformation. Thus, prior studies suggest that no single communication strategy is sufficient; effective responses require the integration of timely monitoring, credible messengers, social-media engagement, community participation, culturally appropriate messaging and proactive correction.



Conclusion

This study demonstrates that social media has become an important infrastructure for public health communication, providing opportunities for rapid information dissemination, audience engagement, health education and behaviour-change interventions. However, the same affordances that make social media valuable for public health communication also facilitate the production, visibility and circulation of misleading health information. It further indicates that digital health misinformation in Nigeria is sustained by a combination of platform characteristics, users' social and communicative motivations, interpersonal networks, existing beliefs and varying levels of trust in institutions and information sources. The literature therefore suggests that misinformation cannot be adequately addressed by simply increasing the availability of official information but effective public health communication in Nigeria requires an integrated approach that combines credible and timely information, trusted messengers, digital and health literacy, community engagement, social-media monitoring, proactive correction and culturally appropriate communication.

The study therefore underscores the need for public health communicators and health institutions in Nigeria to move beyond predominantly one-way information dissemination toward more interactive communication that allows audiences to ask questions, express concerns, and receive timely responses to emerging misinformation. The study also has implications for health and digital literacy programmes. Interventions should equip citizens with practical skills for identifying sources, checking claims, comparing information across credible sources and recognising misleading content.

Limitations of the Study

This study was based on a qualitative library-based review and therefore depended on the availability, quality and methodological rigour of existing literature rather than primary empirical data. Although multiple academic databases and authoritative institutional sources were consulted, the review may not have captured every relevant publication, particularly studies published in less-indexed Nigerian journals, institutional repositories or other non-indexed sources.

References

- Ade-Johnson, C. S. (2025). Social media and participatory health communication: A study of the 2024 cholera outbreak in Lagos State, Nigeria. *African Journal of Human Kinetics, Recreation and Health Studies*, 3(1), 5–25. <https://doi.org/10.31920/29767784/2025/v3n1a1>
- Adeoye, O., Odeh, R., Nwala, A., Edet, F., Raji, M., Ahmadu, H., Songo, R., Balogun, F., Idogho, O., & Anyanti, J. (2023). Use of a media campaign to improve access to contraception in Nigeria amid the COVID-19 pandemic: A cross-sectional survey. *BMJ Public Health*, 1(1), e000192. <https://doi.org/10.1136/bmjph-2023-000192>
- Afful-Dadzie, E., Afful-Dadzie, A., & Egala, S. B. (2023). Social media in health communication: A literature review of information quality. *South African Journal of Information Management*, 25(1), 3–17. <https://doi.org/10.1177/1833358321992683>



- Afolabi, N., Ilesanmi, B. B., Enangama, V., Ahmad, A., Titilola, M., Oyinlola, O., Mohammed, S., Inuwa, U., David, A., Aboh, C., Badmus, O., & Abdu-Aguye, S. (2025). Lassa fever in Bauchi State, Nigeria: Communication channels and health-seeking behavior. *International Journal of Infectious Diseases: Regional*, 16, 100710. <https://doi.org/10.1016/j.ijregi.2025.100710>
- Akerele, O. E., & Olanrewaju, A. K. (2026). Social media peer-driven communication on cervical cancer and HPV vaccine among female youth in Nigeria. *Journal of Cancer Education*. <https://doi.org/10.1007/s13187-025-02817-6>
- Alade, M. O., Dada, D. O., & Amusan, O. G. (2025). Audience perception of Aproko Doctor's health contents on social media. *Akungba Communication and Media Journal*, 2(1), 26-39.
- Alhassan, M. N., Akpede, K. S., & Akase, T. M. (2025). Use of social media platforms for integrated immunization awareness by the Nasarawa State Primary Health Care Development Agency. *Taraba State University Journal of Communication and Media Studies*, 5(1), 1–15.
- Alvarez-Galvez, J., Carretero-Bravo, J., Lagares-Franco, C., Ramos-Fiol, B., & Ortega-Martin, E. (2025). Development of a conceptual framework of health misinformation during the COVID-19 pandemic: Systematic review of reviews. *JMIR Public Health and Surveillance*, 11, e62693. <https://doi.org/10.2196/62693>
- Akingbade, O., Adeleye, K., Fadodun, O. A., Fawole, I. O., Li, J., Choi, E. P. H., Ho, M., Lok, K. Y. W., Wong, J. Y. H., Fong, D. Y. T., & Ogungbe, O. (2023). eHealth literacy was associated with anxiety and depression during the COVID-19 pandemic in Nigeria: A cross-sectional study. *Frontiers in Public Health*, 11, 1194908. <https://doi.org/10.3389/fpubh.2023.1194908>
- Ben-Enukora, C. A., Oyero, O., Okorie, N., Agwu Ejem, A. A., & Adelabu, T. O. (2023). Perceived public alarm and comprehension of risk communication messages about Lassa fever in Nigeria: A gauge of the risk communication model. *Frontiers in Communication*, 8, 1052397. <https://doi.org/10.3389/fcomm.2023.1052397>
- Ceretti, E., Covolo, L., Cappellini, F., Nanni, A., Sorosina, S., Beatini, A., Taranto, M., Gasparini, A., De Castro, P., Brusaferro, S., & Gelatti, U. (2022). Evaluating the effectiveness of internet-based communication for public health: Systematic review. *Journal of Medical Internet Research*, 24(9), e38541. <https://doi.org/10.2196/38541>
- Chou, W. Y. S., Oh, A., & Klein, W. M. P. (2018). Addressing health-related misinformation on social media. *JAMA*, 320(23), 2417–2418. <https://doi.org/10.1001/jama.2018.16865>
- Dong, W., Wang, Y., & Li, F. (2025). Rumor management in public health: A system dynamics analysis based on social trust. *Frontiers in Public Health*, 13, 1713731. <https://doi.org/10.3389/fpubh.2025.1713731>



- Elfattah, H. Y. A. (2024). Social media and crisis communication: A narrative literature review of public engagement and policy implications. *Sinergi International Journal of Communication Sciences*, 2(3), 167–179. <https://doi.org/10.61194/ijcs.v2i3.650>
- Eshiet, G. B. (2025). The role of digital literacy in information discernment and misinformation resilience: A dual-outcome analysis in the Nigerian social media context. *Àgídígbo: ABUAD Journal of the Humanities*, 13(2), 766–788. <https://doi.org/10.53982/agidigbo.2025.1302.22-j>
- Evans, W. D., Bingenheimer, J. B., Long, M., Ndiaye, K., Donati, D., Rao, N. M., Akaba, S., Nsofor, I., & Agha, S. (2023). Outcomes of a social media campaign to promote COVID 19 vaccination in Nigeria. *PLOS ONE*, 18(9), e0290757. <https://doi.org/10.1371/journal.pone.0290757>
- Evans, W. D., Bingenheimer, J. B., Long, M. W., Ndiaye, K., Donati, D., Rao, N. M., Akaba, S., & Agha, S. (2024). Randomised experimental evaluation of a social media campaign to promote COVID-19 vaccination in Nigeria. *Journal of Global Health*, 14, 05018. <https://doi.org/10.7189/jogh.14.05018>
- Goldstein, J. A., Grossman, S., & Startz, M. (2024). Belief in COVID-19 misinformation in Nigeria. *The Journal of Politics*, 86(2), 810–814. <https://doi.org/10.1086/727605>
- Keller, P. A., & Lehmann, D. R. (2008). Designing effective health communications: A meta analysis. *Journal of Public Policy & Marketing*, 27(2), 117–130. <https://doi.org/10.1509/jppm.27.2.117>
- Krestel Digital. (2025). *Social media statistics in Nigeria [2025 data report]*. <https://kresteldigital.com/resources/social-media-statistics-in-nigeria-2025-data-report/>
- Kite, J., Chan, L., MacKay, K., Corbett, L., Reyes-Marcelino, G., Nguyen, B., Bellew, W., & Freeman, B. (2023). A model of social media effects in public health communication campaigns: Systematic review. *Journal of Medical Internet Research*, 25, e46345. <https://doi.org/10.2196/46345>
- Lu, C., Hu, B., Bao, M.-M., Wang, C., Bi, C., & Ju, X.-D. (2024). Can media literacy intervention improve fake news credibility assessment? A meta-analysis. *Cyberpsychology, Behavior, and Social Networking*, 27(4), 240–252. <https://doi.org/10.1089/cyber.2023.0324>
- Mi, Y., & Apuke, O. D. (2024). How does social media knowledge help in combating fake news? Testing a structural equation model. *Thinking Skills and Creativity*, 52, 101492. <https://doi.org/10.1016/j.tsc.2024.101492>
- Nagler, R. H. (2014). Adverse outcomes associated with media exposure to contradictory nutrition messages. *Journal of Health Communication*, 19(1), 24–40. <https://doi.org/10.1080/10810730.2013.798384>
- Niederdeppe, J., Boyd, A. D., King, A. J., & Rimal, R. N. (2025). Strategies for effective public health communication in a complex information environment. *Annual Review of Public Health*, 46(1), 411–431. <https://doi.org/10.1146/annurev-publhealth-071723-120721>



- Oni, O., Esalomi, O., Orok, E., & Adelusi, A. (2025). Social media usage for health information among undergraduate students: A cross-sectional study. *BMC Public Health*, 26, 417. <https://doi.org/10.1186/s12889-025-26099-1>
- Ononiwu, R. C. (2024). “I know it is fake news but I share”: Motivations for deliberate fake news sharing among 20 young people in Lagos State, Nigeria. *Covenant Journal of Communication*, 11(2).
- Onyechi, N. J. (2023). Perception of social media credibility and health information seeking behaviour: A cross-sectional online survey of youths in South West Nigeria. *NIU Journal of Social Sciences*, 9(1), 79–89. <https://doi.org/10.58709/niujss.v9i1.1595>
- Oyeyemi, S. O., Fagbemi, S., Busari, I. I., & Wynn, R. (2023). Belief in COVID-19 conspiracy theories, level of trust in government information, and willingness to take COVID-19 vaccines among health care workers in Nigeria: Survey study. *JMIR Formative Research*, 7, e41925. <https://doi.org/10.2196/41925>
- Papanikou, V., Papadakos, P., Karamanidou, T., Stavropoulos, T. G., Pitoura, E., & Tsaparas, P. (2025). Health misinformation in social networks: A survey of information technology approaches. *Future Internet*, 17(3), 129. <https://doi.org/10.3390/fi17030129>
- Prike, T., Butler, L. H., & Ecker, U. K. H. (2024). Source-credibility information and social norms improve truth discernment and reduce engagement with misinformation online. *Scientific Reports*, 14, 6900. <https://doi.org/10.1038/s41598-024-57560-7>
- Shadrach, I., Adikuru, C. C., & Abutu, D. O. (2026). Medical authority in the age of influencers: Examining source credibility and health message adoption among Nigerian undergraduates. *Journal of Digital Sociohumanities*, 3(1), 38–47. <https://doi.org/10.25077/jds.3.1.38-47.2026>
- Suarez-Lledo, V., & Alvarez-Galvez, J. (2021). Prevalence of health misinformation on social media: Systematic review. *Journal of Medical Internet Research*, 23(1), e17187. <https://doi.org/10.2196/17187>
- Talabi, F. O., Ugbor, I. P., Talabi, M. J., et al. (2022). Effect of a social media-based counselling intervention in countering fake news on COVID-19 vaccine in Nigeria. *Health Promotion International*, 37(2), daab140. <https://doi.org/10.1093/heapro/daab140>
- Thapliyal, K., Thapliyal, M., & Thapliyal, D. (2024). Social media and health communication: A review of advantages, challenges, and best practices. In M. Garcia & R. de Almeida (Eds.), *Emerging technologies for health literacy and medical practice* (pp. 364–384). IGI Global Scientific Publishing. <https://doi.org/10.4018/979-8-3693-1214-8.ch017>
- Umejei, E. (2024). Fake news in Nigeria: Global phenomenon, local realities. *Current Psychology*, 43, 29. <https://doi.org/10.1007/s12144-024-06013-5>
- Uwalaka, T. (2023). “Abba Kyari did not die of coronavirus”: Social media and fake news during a global pandemic in Nigeria. *Media International Australia*, 188(1), 18–33. <https://doi.org/10.1177/1329878X221101216>



- Vraga, E. K., & Bode, L. (2020). Correction as a solution for health misinformation on social media. *American Journal of Public Health, 110*(S3), S278–S280. <https://doi.org/10.2105/AJPH.2020.305916>
- Wonodi, C., Obi-Jeff, C., Adewumi, F., Keluo-Udeke, S. C., Gur-Arie, R., Krubiner, C., Jaffe, E. F., Bamiduro, T., Karron, R., & Faden, R. (2022). Conspiracy theories and misinformation about COVID-19 in Nigeria: Implications for vaccine demand generation communications. *Vaccine, 40*(13), 2114–2121. <https://doi.org/10.1016/j.vaccine.2022.02.005>
- Zeng, H.-K., Lo, S.-Y., & Li, S.-C. S. (2024). Credibility of misinformation source moderates the effectiveness of corrective messages on social media. *Public Understanding of Science, 33*(5), 587–603. <https://doi.org/10.1177/09636625231215979>

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